City of Mountain View YOUTH ADVISORY COMMITTEE

Application for 2010-2011 School Year

The City of Mountain View Youth Advisory Committee (YAC) acts in an advisory capacity providing City Council and staff with valuable insight regarding youth and teen programs and services in our community. The YAC consists of a combined maximum total of 15 middle school and high school students for a minimum of a one year term. Members of the YAC meet approximately twice per month, usually Mondays, from 4:30 – 6:00p.m. during the school year. The City expects all YAC members to attend all meetings and actively participate in group projects and outings.

Name:		Gender:	M F	•		
Address				_		
City:	State: Zip Code: _			_		
	Note: You must be a City of Mountain View resident.					
E-Mail Address:						
Home Ph	ome Phone: () Cell Phone: ()			_		
Parent/Guardian Name(s):						
	Current Grade: 7	8 9 10	11 1	2		
1. Why do you want to be a member of the Youth Advisory Committee (YAC)?						
2.	Which activities do you participate in after school and on	weekends	i?			
3.	What talents and skills would you bring to YAC?					
4.	If you were selected to be a 2010-2011 YAC member, what Committee to accomplish?	would yo	u like	e the		

5.	Please attach one (1) letter of recommendation from someone <u>other than</u> <u>family member</u> (i.e. teacher, coach, employer, youth leader, etc.).			
6.	Commitment statement:			
	I,, am committee Committee meetings and actively particle Committee projects and outings.	ed to attending Youth Advisory cipating in Youth Advisory		
	Signed:	Date:		
	Your parent/guardian must sign this application have their approval to participate in YAC. locations throughout the City of Mountain	Meetings may be at various times and		
	Parent/Guardian Signature:	Date:		
In ore	Thank you for your index to apply for a spot on the Youth Adv			
	Complete this application (remember parent/guardian signature!), AND Attach your one (1) letter of recommendation, AND Submit your application today!			
	Deadline to submit your application – I	Friday, April 9, 2010 by 5:00pm		
	Apply in one of the following ways:			
	Drop it off at the Mountain View C	ommunity Center located at 201 South .m. and 5:00 p.m. Monday through		
	 Fax it to: (650) 962-1069 - Attention Mail it to: 	on: Kristine Pardini, OR		
	City of Mountain View Recre Attention: Kristine Pardini	eation Division		
	P.O. Box 7540 Mountain View, CA 94039			

We will contact you once your application is received to let you know if you have been chosen to participate in a group interview.

If you have any questions, please call Kristine Pardini, Recreation Coordinator and YAC Liaison, at (650) 903-6331 or e-mail YAC @mountainview.gov